

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005387

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 10 Primary Registration District No. 5018 Registrar's No. 56

STATE FILE NUMBER

FILED MAR 7 1962 1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rush Hill		Length of stay in 1b Years		c. CITY OR TOWN Rush Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rush Hill			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rush Hill		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Louis First John Middle Doebelin Last				4. DATE OF DEATH Feb. Month 23, Day 1962 Year									
5. SEX Male		6. COLOR OR RACE Cauc..		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-12-1878		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marine, Illinois		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME George F. Doebelin				13b. MOTHER'S MAIDEN NAME Elizabeth Smith				14. NAME OF HUSBAND OR WIFE Mrs. Amelia Doebelin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Amelia Doebelin Rush Hill, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. Death was caused BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)												INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Emphysema</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <u>Jan 19 56</u> to <u>Feb 23-1962</u> last saw her alive on <u>Feb. 22, 1962</u> Death occurred at <u>4 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>John C. Owens D.O.</u> (Degree or title)						22b. ADDRESS <u>Marionburg Mo</u>				22c. DATE SIGNED <u>2-24-1962</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-25-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>		23d. LOCATION (City, town, or county) <u>Ladonia, Mo.</u>		(State)					
24. FUNERAL DIRECTOR ADDRESS <u>Arnold Funeral Home Mexico, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>Feb 24 1962</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>					

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

per 11 cases, NO

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard G. McDonald

Licensed Embalmer No. 4825

P. O. Address Meriden, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.